

**DECLARATION AND POWER
OF ATTORNEY FOR UTILITY
OR DESIGN**

PATENT APPLICATION

☒ Declaration ☐ Declaration
Submitted with Submitted after Initial
Initial Filing Filing (surcharge
37 CFR 1.16(e) required)

Attorney Docket No.	BSC-164
First Named Inventor	Li <i>et al.</i>
COMPLETE IF KNOWN	
Application Serial Number	Not Yet Assigned
Filing Date	Herewith
Group Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CONTROLLING RESORPTION OF BIORESORBABLE MEDICAL IMPLANT MATERIAL

(Title of the Invention)

the specification of which

☒ is attached hereto
OR

☐ was filed on as United States Application Serial Number or PCT International
(MM/DD/YYYY)

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent Office all information known by me to be material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Serial Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application serial numbers are listed on a supplemental priority data sheet attached hereto.

Declaration and Power of Attorney for Utility or Design Patent Application

Serial No.: Not Yet Assigned

Atty. Docket No.: BSC-164

Page 2 of 3

DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c), of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Serial Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioners to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label Here

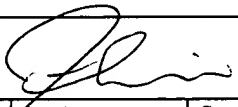
Name	Registration Number	Name	Registration Number
Steven M. Bauer	31,481	Thomas C. Meyers	36,989
John V. Bianco	36,748	Joseph B. Milstein	42,897
Isabelle A.S. Blundell	43,321	David G. Miranda	42,898
Maureen A. Bresnahan	44,559	Ronda P. Moore	44,244
Michael H. Brodowski	41,640	Indranil Mukerji	P-46,944
Jennifer A. Camacho	43,526	Edmund R. Pitcher	27,829
Joseph A. Capraro, Jr.	36,471	Dianne M. Rees	45,281
John J. Cotter	38,116	Michael A. Rodriguez	41,274
John V. Forcier	42,545	Jamie H. Rose	45,054
Steven J. Frank	33,497	R. Stephen Rosenholm	45,283
Brian M. Gaff	44,691	Christopher W. Stamos	35,370
Michael J. Giannetta	42,574	Joseph P. Sullivan	45,349
Duncan A. Greenhalgh	38,678	Robert J. Tosti	35,393
William G. Guerin	41,047	Thomas A. Turano	35,722
Jonathan A. Harris	44,744	Michael J. Twomey	38,349
Ira V. Heffan	41,059	Christine C. Vito	39,061
Danielle L. Herritt	43,670	Patrick R.H. Waller	41,418
Mi Kim	44,830	Daniel A. Wilson	45,508
Douglas J. Kline	35,574	Yin P. Zhang	44,372
John D. Lanza	40,060		
Kurt W. Lockwood	40,704		

☐ Additional registered practitioners named on supplemental Registered Practitioner Information sheet attached hereto.


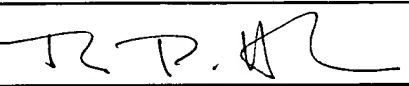
Direct all correspondence to:

Patent Administrator
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
Fax No.: (617) 248-7100

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor															
Given Name (first and middle [if any])					Family Name or Surname												
Jianmin					Li												
Inventor's Signature							Date		3/08/01								
Residence		City		Lexington		State		MA		Country		USA		Citizenship		USA	
Post Office Address		21 Bartlett Avenue															
P.O. Address (line 2)		City		Lexington		State		MA		ZIP		02420		Country		USA	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) attached hereto.																	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor															
Given Name (first and middle [if any])					Family Name or Surname												
Samuel					Baldwin												
Inventor's Signature												Date					
Residence		City		Newton		State		MA		Country		USA		Citizenship		USA	
Post Office Address		6 Clarendon Street															
P.O. Address (line 2)		City		Newton		State		MA		ZIP		02460		Country		USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor															
Given Name (first and middle [if any])					Family Name or Surname												
Tim					Harrah												
Inventor's Signature												Date					
Residence		City		Newton		State		MA		Country		USA		Citizenship		USA	
Post Office Address		6 Clarendon Street															
P.O. Address (line 2)		City		Newton		State		MA		ZIP		02460		Country		USA	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Jianmin				Li				
Inventor's Signature						Date		
Residence	City	Lexington	State	MA	Country	USA	Citizenship	USA
Post Office Address		21 Bartlett Avenue						
P.O. Address (line 2)	City	Lexington	State	MA	ZIP	02420	Country	USA
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) attached hereto.								
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Samuel				Baldwin				
Inventor's Signature						Date	3/09/01	
Residence	City	Newton	State	MA	Country	USA	Citizenship	USA
Post Office Address		6 Clarendon Street						
P.O. Address (line 2)	City	Newton	State	MA	ZIP	02460	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Tim				Harrah				
Inventor's Signature						Date	3/17/01	
Residence	City	Newton	State	MA	Country	USA	Citizenship	USA
Post Office Address		6 Clarendon Street						
P.O. Address (line 2)	City	Newton	State	MA	ZIP	02460	Country	USA